

FOR RELEASE

FRIDAY AM'S, OCT. 27

CHILDREN: OUR EXPLODING CRISIS

Speech to

ANNUAL MEETING, SAN FRANCISCO ASSOCIATION FOR MENTAL HEALTH

8:00 P.M. Thursday, October 26, 1961

San Francisco County Medical Society Auditorium

by

MIKE GORMAN, Washington, D. C.

Executive Director, NATIONAL COMMITTEE AGAINST MENTAL ILLNESS

Member, JOINT COMMISSION ON MENTAL ILLNESS AND HEALTH

A few years ago, the American Psychiatric Association and the American Academy of Child Psychiatry held a conference on the psychiatric in-patient treatment of children. The conference report released some months later sadly concluded that "no reliable data exists on the incidence and prevalence of childhood psychiatric disorders in general."

The National Organization for Mentally Ill Children estimates that there are about one million youngsters in school now who need some psychiatric help. It estimates that another one-half million children aren't in school because there are no facilities for their particular behavioral problems.

Where are some of these troubled children? Between 13,000 and 14,000 of them are in state mental hospitals. Most of them in these hospitals are crowded on wards with 80 to 100 very sick adults. To any of you who have illusions about the type of "treatment" given children in these massive mental hospitals,

I respectfully suggest that you talk to some of the children in these hospitals. I have, and it is a very bitter experience.

In addition to the state mental hospitals, there are a handful of residential treatment centers for children scattered around the country. Three years ago, a survey of such facilities revealed that only 13 states had specialized treatment units for disturbed children and most of these had frightfully long waiting lists. The majority of the states surveyed were housing children in with the adult populations of their overcrowded mental hospitals.

Community surveys of the dimensions of the problem of emotional disturbance among children reveal how pitifully inadequate our present resources for diagnosis and treatment of these children are.

In Washington, D. C., where I live, a United Community Services survey recently reported that at least 11,000 school children in the District of Columbia need psychiatric help. Of these, only 1,500 -- about 15% -- are receiving diagnostic clinical aid, and even fewer are receiving treatment. To handle this situation, the school system has only one psychiatrist, part-time and on loan from the Health Department, to meet the problems of these 11,000 children.

Depressingly similar statistics have been reported from state surveys in Michigan, Connecticut and Rhode Island, and from municipal surveys in Cleveland, Baltimore and many other cities.

Here in San Francisco, studies and surveys estimate that between 11,000 and 40,000 San Francisco school children are emotionally disturbed and in need of psychiatric treatment. Of these, only about 1,000 children are actually getting

page three

treatment. You have unearthed a situation here which is similar in almost every respect to the situation throughout the length and breadth of this country.

To a very considerable degree, our failure to treat emotional disturbances in their earliest manifestations derives from the traditional, out-moded concept that mental illness is something to be shunned and its victims put mercifully out of sight in institutions off in the woods.

Over the past decade or more, there has been a growing revolt against this concept. There is an increasing acceptance of the fact that mental illness should and must be treated in the community -- that its very isolation in the past has cut its victims off from the enormous medical and other resources which should be devoted to its solution.

Our school systems offer a first line of defense, but we are doing very little to provide the psychiatric and guidance personnel needed to treat children who exhibit early patterns of maladjustment in their school years.

Testifying before a Congressional committee a few years ago Dr. Leo Bartemeier, Chairman of the Council on Mental Health of the American Medical Association, called to the attention of the Congressmen a three-year project conducted under the auspices of the Columbia University Department of Psychiatry which reported that 10% of public school children in the United States are emotionally disturbed and need psychiatric help, but that the majority of schools lack the trained personnel or facilities to aid these disturbed children.

"The psychiatric personnel shortages in the schools are appalling," Dr. Bartemeier told the Congress. "There is one psychiatrist for every 50,000

children, one psychologist for every 11,000 and one psychiatric social worker for every 38,000 children."

The New York City school system, which has over one million pupils, is a dramatic case in point. Its Bureau of Child Guidance, which is supposed to treat the most disturbed cases referred to it by the schools, is unable to touch hundreds of children who have been referred to it as emergency cases.

Critical of these enormous delays and deficiencies, the New York City Juvenile Delinquency Evaluation Project, after five years of intensive study of the problem, recently reported:

"A child who shows in school serious problems of reading retardation, of adjustment and achievement, of truancy, of academic failure or of disruptive behavior -- all earmarks of potential or actual delinquency -- needs help and needs it as early as he can get it."

Noting that most of the children in the survey would not need prolonged psychiatric treatment, the New York City report placed a healthy emphasis upon the use of school teachers, guidance counsellors, psychologists and social workers in early identification and effective consultation with the great majority of disturbed children.

As the Joint Commission on Mental Illness and Health report has noted, the shortage of child psychiatrists will be with us for many years to come. In the interim, therefore, we must give limited psychiatric training to those who are in closest contact with the child.

I am delighted to note that the San Francisco Association for Mental Health, in cooperation with San Francisco State College, pioneered in developing a 12-week course to increase the psychiatric knowledge of public and private school teachers.

For those children who are not sick enough to be hospitalized, but are too disturbed to be taken care of on an out-patient basis, there is need for the development of centers for the re-education of emotionally disturbed children. As described in a special document submitted to the Joint Commission by Dr. Nicholas Hobbs of Peabody College, these centers would follow the French pattern of using carefully selected teachers, nurses and rehabilitation specialists in an effort to re-educate the child into acceptable patterns of behavior. Pilot experimental centers of this sort have recently been opened in Kentucky and Tennessee.

For those children who must have hospitalization, we must develop special units in our general and private hospitals. It is a significant step forward that St. Mary's Hospital here in this City recently became the first private general hospital in the Bay area to provide in-patient treatment facilities for children. But you must do much more. San Francisco General should have such a unit and additional units should be established in the major private hospitals in this area.

It is of paramount importance that these treatment facilities be located in the community, closely accessible to the families involved. When you send a child off to a state institution, you frequently prevent parents and loved ones from participating in the necessary reconstitution of his personality -- and their's, too.

In pressing for the establishment of additional psychiatric units for the more disturbed children, I would plead with you not to lose sight of the vast majority of disturbed children who do not need hospitalization. In this country, we tend to over-emphasize hospitalization as the only way of handling one who does

not conform to the fierce demands of present day living. In many other countries, there is a much deeper understanding, tolerance and handling of those who deviate from the norm.

It is sheer folly to think that we can ever train enough personnel to give individual psychotherapy to every disturbed child. It would not only be impossible to do this in terms of available manpower, but it would be totally unwise.

In addition to a cadre of highly specialized professionals, we need to train a large number of compassionate people in specific skills which can be applied to specific problems facing these children. For example, the trained workers of the New York City Youth Board are doing a magnificent job going into the neighborhoods where trouble exists and applying their knowledge and affection to the solution of some extraordinarily difficult behavior problems.

We do ourselves a great disservice when we continually push many of these mildly disturbed children out of the community and into institutional settings. We fail them because we fail to develop the necessary community resources which can be applied to these troubled children.

There are so many who can help. For example, as the Joint Commission report notes, there are 6,000 pediatricians in this country, but the great majority of them lack sufficient psychiatric orientation to capitalize on their professional potential.

What I am essentially pleading for is a more flexible, less doctrinaire approach to the whole problem of the disturbed child. It isn't all just black or white -- successful adjustment or an institution in the woods. It is in the intermediate areas where we can do the most effective job for most of the children --

in the schools, the courts, mental health clinics, day care centers, etc. By developing these facilities, we don't run away from the problem -- we face it and we bring many untapped human resources to it.

Developing these resources will not be easy. It will require additional appropriations at the local, state and federal levels of government. As a member of the Joint Commission on Mental Illness and Health, I am proud to state that we did not equivocate on this issue -- we came out four-square for a tripling of mental health expenditures during the next decade. We also did not take the easy way out on the question of our present system for handling the mentally ill -- we branded the present large state mental hospital as obsolete and called for the development of a chain of psychiatric facilities in the community to eventually replace it.

As I said in Sacramento six months ago, California could play the leading role among the states in breaking down the artificial walls which now separate care of the mentally ill from the heart of the community.

You are a young and growing state and one not weighted down with as many massive state institutions as your sister states east of the Mississippi. You have a mental health commissioner who is opposed to the building of any large additional hospitals; you have a Governor who time and time again has demonstrated his deep, compassionate concern for the mentally ill.

Just two weeks from now, we will hold a historic National Governors' Conference on Mental Health in Chicago to discuss ways in which we can implement the major recommendations of the Joint Commission report. The resolution establishing this special Conference was introduced by Governor Brown of California.

Finally, in your efforts to relieve the distressing situation with regard to disturbed children, may I suggest that you give close attention to planning in the setting of priorities for your endeavors. The existence of a community mental health board here under the Short-Doyle Act gives you a real opportunity to do this careful planning in collaboration with local and state psychiatric officials.

Because there is no plan, because few communities have tackled the problem of the disturbed child in all of its ramifications, he is most frequently lost in a nightmare of arrests, expulsions, visits to overcrowded clinics and final dumping in some massive institution.

Here is what Harrison Salisbury of the New York Times has written of this lost generation of young children:

"A look at the record of some problem children shows they have lived at 15 or 18 addresses in the last two years alone. They are birds of passage, rootless and drifting, pathetic bits of evidence in support of Albert Schweitzer's conviction that 'modern man is lost in the mass in a way which is without precedent in history.' "

In a very fundamental sense, the disturbed child of today serves as a scapegoat for our adult sense of guilt about the unstable world in which we live.

In the recent outbreaks of violence in the New York City schools, scapegoats were uncovered by the score, but a few courageous voices spoke out and placed the blame where it really belongs. The principal of a junior high school in Brooklyn had this to say of the "shook up" generation he was trying to teach:

"We try to make them act the way we don't. We try to teach them to be polite, to be generous, to believe in the sacredness of human life, to respect the rights of others. But the kids have eyes. They look around. They see that ultimately individuals and nations use force to solve their problems. We tell them about the old fashioned virtues, but we do not practice them in private life, community life, or in foreign relations."



We adults -- all of us here tonight -- helped create the society in which our children live. We set the values by our approval or disapproval. Let's look at it honestly. This is the world you and I have created for our children. This is the society in which you get billions more for missiles, billions more for roads and a potential \$20 billion for a rather expensive trip to the moon. But when it comes to money for psychiatric services to treat our children, the practical men of this country tell us it has a low priority.

I respectfully disagree. My credo is a very simple one:

If a single child is lost, America is the less.